## **Policy of Visitors Performing Experimental Work in SEE Laboratories**

The School of Energy and Environment (SEE) is committed to protecting all laboratory users. This policy is written to protect all visitors (e.g. collaborated workers, invited guests, volunteers and etc.) and minimize the risk to the visitors.

The following rules should be strictly followed when a SEE staff member invites visitors performing experimental work in SEE laboratories:

- The host staff should seek approval for the visitors at least one week before the commencement of any experimental work by completing the application form as attached.
- The visitors should follow all the safety regulations of SEE and the University including:
  - Upon receipt of approval for performing experimental work in SEE laboratories, visitors
     <u>MUST</u> attend the School Safety Training as scheduled before the commencement of any
     experimental work.
  - Visitors <u>MUST</u> put on an identification badge for access all the times in SEE laboratory areas.
- The host staff should:
  - Ensure that the visitors follow the safety requirements of the School;
  - Ensure that the visitors have a valid insurance coverage for their experimental work in SEE laboratories;
  - Supervise the experimental work of visitors;
  - Be responsible for the behaviours of visitors during their stay in SEE laboratories;
  - Be responsible for repairs or replacement for any damaged equipment and facilities.

Violation of the above rules will result in disciplinary action from the School including:

- Warning to host staff and visitor;
- Restricting visitor access to laboratories.

## City University of Hong Kong School of Energy and Environment

Application for Visitors Performing Experimental Work in SEE Laboratories

<u>Information of Host Staff</u>	
Name:	Position:
Contact Number:	Email:
Information of Visitor	
Name:	Position:
Institution:	
Contact Number:	Email:
Information of using SEE Laboratories	
Date:	Time: from to
Location:	
Purpose / Reason:	
Laboratories 2. I take full responsibility for any injury, I facilities that may arise from the experim 3. I confirm that I have a valid insurance for	the coverage and at the amount in each case specified versity") and I shall, upon request of the University,
Signature of Host Staff	Date
<u>Approval</u>	
This application is approved / not approved	
Signature	Date
Departmental Safety Training	
Calcadalad Data	
Scheduled Date: (DS	Time: O) Date: